

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032714

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 42

FILED AUG 26 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Holden		Length of stay in lb 10 years	
c. FULL NAME OF (If NOT in hospital, give location) Holden Retirement Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS W. 3rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Malinda Marie Miller		4. DATE OF DEATH August 13, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-8-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Drake, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John H. Mittendorff		13b. MOTHER'S MAIDEN NAME Eliza Crabtree Skyles	
14. NAME OF HUSBAND OR WIFE R.L. Miller (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT O.T. Miller, Holden, Mo.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis DUE TO (b) Thrombotic Encephalomyelitis with Cerebral Hemorrhage DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH minutes days years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Holden, Missouri	
20g. COUNTY Johnson		20h. STATE Mo.	
21. I attended the deceased from Feb 13, 1959 to August 13, 1963 and last saw her alive on August 11, 1963 Death occurred at 6:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas P. Wescott		22b. ADDRESS Holden, Missouri	
22c. DATE SIGNED 8/14/63		22d. LOCATION (City, town, or county) Owensville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-15-63	23c. NAME OF CEMETERY OR CREMATORY Owensville Cemetery	23d. LOCATION (City, town, or county) Owensville, Mo.
24. FUNERAL DIRECTOR E B CAST HOLDEN MO		25. DATE RECD. BY LOCAL REG. 8-14-63	
26. REGISTRAR'S SIGNATURE Bernice Ross			

USE BLACK INK

OR

TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1967

JAN 9 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *EBCad*

Licensed Embalmer No. 4059

P. O. Address Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.